



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000006

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FALMOUTH YACHT CLUB INC.

DOING BUSINESS AS

ADDRESS 290 CLINTON AVE.

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02540

MANAGER: SILVA, GREGORY TYPE OF LICENSE: Club  
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR OPEN TO ROOM, MAIN BAR, BACK ROOM, PATIO AND ATTIC FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000072

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LANDFALL INC.

DOING BUSINESS AS LANDFALL RESTAURANT

ADDRESS 2 LUSCOMBE AVE.

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02543

MANAGER: ESTES, DONALD

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR: RESTAURANT, DINING ROOM, COCKTAIL LOUNGE  
KITCHEN AND STORAGE.

OUTSIDE PATIO,

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000076

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BLACK PEARL INC. THE

DOING BUSINESS AS SHUCKERS

ADDRESS 00091A WATER STREET

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02543

MANAGER: MURPHY, KAREN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM - OUTDOOR PATIO

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000111

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FALMOUTH PIER 37 BOATHOUSE LLC

DOING BUSINESS AS PIER 37 BOATHOUSE

ADDRESS 88 SCRANTON AVE

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02540

MANAGER: McLAUGHLIN,  
CONOR R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, DINING ROOM, ENCLOSED DECK, OUTSIDE DECK, KITCHEN AND STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000147

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WOODS HOLE INN LLC

DOING BUSINESS AS QUICK'S HOLE

ADDRESS 6 LUSCOMBE AVE.

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02543

MANAGER: COLT, ELIZABETH TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES/EXITS ON LUSCOMBE AND TO PARKING LOT. RESTAURANT CONSISTS OF 20 SEATS. 10X20 DECK SURROUNDING BY FENCING, W/ A 4' SPACE ALLOWING FOR ACCESS TO STREET. ACCESS TO RESTAURANT FROM THE BACK DECK AREA AND WITH A SEATING CAPACITY OF 20 SEATS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000180

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THR SCRANTON RAW BAR, LLC

DOING BUSINESS AS FALMOUTH RAW BAR

ADDRESS 56 SCRANTON AVENUE

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02540

MANAGER: RICHARDI,  
EDMOND

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ENTRANCES FRONT & REAR, 3 EXITS FRONT, REAR AND SIDE, STORAGE, PREP AREA, TAKE OUT WINDOW BAR AND DINING AREA INSIDE, OUTDOOR PATIO DINING AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000185

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BEACH ROSE INN INC.

DOING BUSINESS AS

ADDRESS 17 CHASE ROAD

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02540

MANAGER: REICHWEIN,  
SHERYLL

TYPE OF LICENSE: Innholder

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

AN INN CONSISTING OF THREE BUILDINGS...DINING ROOM WITH SERVICE AREA...INDOOR PORCH  
AREA, KITCHEN...OUTDOORS..PATIO WITH SERVICE AREA...4 EXITS/ENTRANCES ON 1.4 ACRES

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 039000207

CITY OR TOWN FALMOUTH

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE AVENUE SEAFOOD AND PIZZERIA, LLC

DOING BUSINESS AS THE AVENUE SEAFOOD AND GRILL

ADDRESS 465 GRAND AVE

CITY/TOWN: FALMOUTH

STATE: MA

ZIP CODE: 02540

MANAGER: RIDINO, JEAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, DINING ROOM, KITCHEN, 4 EXITS AND ENTRANCES, 8 TABLES IN DINING ROOM, 9 TABLES OUTSIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

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DISAPPROVED: ☐

(If disapproved explain)

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By:

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